

This form is affected by the Privacy Act of 1974. See Privacy Act Statement before completing this form.		AGENCY <input checked="" type="checkbox"/> FEPC <input checked="" type="checkbox"/> EEOC	CHARGE NUMBER 161A10004
STATE OF DISCRIMINATION <u>Mass Comm Against Discrimination</u> and EEOC State or local Agency, if any			
NAME (Indicate Mr., Ms., Mrs.) Mr. Albert W. Bleau, Jr.		HOME TELEPHONE (Include Area Code) (781) 477-9072	
STREET ADDRESS 127 Redington Street, Swampscott, MA 01907		CITY, STATE AND ZIP CODE DATE OF BIRTH 05/02/1944	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)			
NAME Greater Lynn Health/Retardation Asn		NUMBER OF EMPLOYEES, MEMBERS Cat D (501 +)	TELEPHONE (Include Area Code) (781) 595-8933
STREET ADDRESS 37 Friend Street, Box 408, Lynn, MA 01903		CITY, STATE AND ZIP CODE COUNTY 009	
NAME OCT - 6 2000		TELEPHONE NUMBER (Include Area Code)	
STREET ADDRESS CITY, STATE AND ZIP CODE		COUNTY	
CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify)		DATE DISCRIMINATION TOOK PLACE EARLIEST LATEST 9.8.00 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s)): I. On April 21, 2000 I was fired from my position as Executive Director, a position I held since 1974. I continued on the payroll until September 8, 2000 at which time I was discharged because I would not sign a separation agreemnt. II. Tom Manning, President of the Board stated I was terminated or I could resign. He said the bond holders would not go through with the real estate bond if I remained the executive director and without the bond they couldn't meet payroll and they would be put into receivership. III. I believe I have been discriminated against on the basis of my sex, male, in violation of Title VII of the Civil Rights Act of 1964, as amended, my age 56, in violation of the Age Discrimination in Employment Act, and perceived disability in violation of the Americans with Disabilities Act. Respondent's then Director of Operations, Elaine White, and the Comptroller/Director of Contracts, Janine Brown, both women, were attempting to be promoted to my position. They then attempted to terminate the only other male on supervisory staff. I was the oldest individual and the sharing of my medical information in the company gave a perception of age problems. I was replaced by a younger individual who was female. Respondent obtained my medical files from the insurance broker who was managing the self insurance plan. Respondent then asked me questions based on the information it obtained and shared the information with Board members and other employees. It then based my termination on those records and other allegation that were not true regarding my relationship with staff promotions.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY (When necessary for State and Local Requirements) I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
I declare under penalty of perjury that the foregoing is true and correct. Date 10/6/00 Charging Party (Signature) <i>Albert W. Bleau</i>		SIGNATURE OF COMPLAINANT <i>Albert W. Bleau</i> SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (Month, day and year) October 6, 2000	

PERSON FILING CHARGE Bleau, Jr., Albert W	
THIS PERSON (check one) <input checked="" type="checkbox"/> CLAIMS TO BE AGGRIEVED <input type="checkbox"/> IS FILING ON BEHALF OF ANOTHER	
DATE OF ALLEGED VIOLATION Earliest _____ Most Recent <u>7.8.00</u>	
PLACE OF ALLEGED VIOLATION Lynn, MA	
CHARGE NUMBER 161A10004	

Chief Executive Officer
 Greater Lynn Health/Retardation Asn
 37 Friend Street, Box 408
 Lynn, MA 01903

NOTICE OF CHARGE OF DISCRIMINATION

(See EEOC "Rules and Regulations" before completing this Form)

You are hereby notified that a charge of employment discrimination has been filed against your organization under:

- ☐ TITLE VII OF THE CIVIL RIGHTS ACT OF 1964
- ☒ THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967
- ☒ THE AMERICANS WITH DISABILITIES ACT
- ☐ THE EQUAL PAY ACT (29 U.S.C. SECT. 206(d)) investigation will be conducted concurrently with our investigation of this charge.

The boxes checked below apply to your organization:

1. ☐ No action is required on your part at this time.
2. ☒ Please submit by 10/20/00 a statement of your position with respect to the allegation(s) contained in this charge, with copies of any supporting documentation. This material will be made a part of the file and will be considered at the time that we investigate this charge. Your prompt response to this request will make it easier to conduct and conclude our investigation of this charge.
3. ☐ Please respond fully by _____ to the attached request for information which pertains to the allegations contained in this charge. Such information will be made a part of the file and will be considered by the Commission during the course of its investigation of the charge.

For further inquiry on this matter, please use the charge number shown above. Your position statement, your response to our request for information, or any inquiry you may have should be directed to:

Boston Area Office
 John F. Kennedy Federal bldg.
 Boston, MA 02203

Rance A. O'Brien
 (Commission Representative)
617-565-3192
 (Telephone Number)

☒ Enclosure: Copy of Charge

BASIS OF DISCRIMINATION

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NAT. ORIGIN ☒ AGE ☒ DISABILITY ☐ RETALIATION ☐ OTHER

CIRCUMSTANCES OF ALLEGED VIOLATION

See enclosed Form 5, Charge of Discrimination.

DATE 10/06/2000	TYPED NAME/TITLE OF AUTHORIZED EEOC OFFICIAL Robert L. Sanders Director	SIGNATURE <u>[Signature]</u>
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